CHARTER TOWNSHIP OF COMSTOCK



WATER SERVICE CONNECTION APPLICATION

Service/Property Address		Parcel Identificati	Parcel Identification Number	
Applicant's Name		Applicant's Addre	Applicant's Address	
Owner's Name (if not Applicant)		Owner's Address	Owner's Address (if not same as above)	
Phone Numl	ber	-		
Application i	is hereby made for a water service	connection at the property inc	dicated above.	
	nd that any Township assessment reasurer prior to application approv		operty must be paid to the	
• •	ed application along with an author office to request a new service inst		•	
Application Accepted By		Signature of Ap	Signature of Applicant	
Date:		Date:	Date:	
*If an asses	ssment is due, the Township will co	mplete the following informati	on:	
Assessment Amount:		Paid In Full	☐ Contract ☐	
Payment/Contract Date:		Check #:	Initials:	
Copies to:	Applicant Township Treasurer (Original for fil Planning & Zoning Administrator (r Assessor		(Revised: 03/2020)	

Office: 6138 King Hwy, Kalamazoo, MI 49048 Phone: 269-381-2360 Mailing: P.O. Box 449, Comstock, MI 49041 Fax: 269-381-4328